

APPLICATION FOR
NAVY CONTRACT POSITIONS
JANUARY 3, 2003

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE JANUARY 30, 2003. SEND OR EMAIL YOUR APPLICATION TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 02 (Michele Cameron)
1681 NELSON STREET
FORT DETRICK MD 21702-9203
Email: mecameron@nmlc.med.navy.mil
Phone: (301) 619-6021

A. NOTICE. This position is set aside for an individual Licensed Practical Nurse (LPN). Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior written approval of the Contracting Officer.

B. POSITION SYNOPSIS. The Government is seeking to place under contract an individual who holds a current, unrestricted license to practice in the area of nursing in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This person will perform the duties of a LPN. This individual must also (1) meet all the requirements contained herein; and, (2) competitively win this contract award (see paragraphs D and E).

You shall provide services as an LPN at the Naval Hospital, Corpus Christi, TX.

You shall normally provide 8 hours of services Monday through Friday, excluding Federal holidays, between the hours of 0730 and 1830 (7:30 AM to 6:30 PM). Specific hours may change at the discretion of the Commanding Officer. In no instance will you be required to provide services in excess of 80 hours per two-week period. You shall arrive for each scheduled shift in a well rested condition and shall have had at least 6 hours of rest from all other duties as a LPN. A flexible schedule may be implemented at the discretion and approval of the Government.

You shall accrue 6 hours of paid leave, combined annual (vacation) and sick leave, at the end of every 2-week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence.

This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 Sep of the following fiscal year, with options to extend the contract for a total of five years. The contract will be renewable each year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of "Commanding Officer" means: Commanding Officer, Naval Hospital, Corpus Christi, TX, or designated representative, e.g. Technical Liaison.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The healthcare worker is serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code.

Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the healthcare worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Healthcare workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual healthcare worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. STANDARD DUTIES AND RESPONSIBILITIES. You shall perform a full range of healthcare and wellness procedures as defined by the Commanding Officer, using government furnished facilities, equipment, and supplies within the assigned unit of the Medical Treatment Facility (MTF). Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:

1. Prior to commencing service under this contract, you must attend a 2-hour lecture on IV certification. Contractor nurses must then obtain certifications (e.g., IV, medications and blood administration) in accordance with clinic nursing service and command policy not later than 60 days after commencement of services, including MTF observation of 3 completed IV sticks.
2. Ensure patient care is carried out in accordance with the Standards of Nursing Care and the policies and procedures of the clinic.
3. Check patients into the clinic and triage using clinic guidelines. Inform the nurse, physician extender or physician of the patient's condition and potential problems.
4. Obtain and document patient and pertinent family history.
5. Perform a full range of diagnostic support duties which include taking vital signs, collecting specimens, obtaining, recording and tracking results of diagnostic tools.
6. Assist the physician in a variety of diagnostic examinations such as lumbar punctures, colposcopies and sigmoidoscopies, by preparing, positioning and monitoring patients, and setting out and handling instruments and equipment.
7. Perform laboratory tests such as checking urine for sugar and stool for blood. Record and report results.
8. Perform a range of treatment procedures that include sterile dressing changes, applying compresses, monitoring IV fluids, inserting catheters and suctions, inserting nasogastric tubes, administering medications, giving enemas, setting up and giving treatment that requires auxiliary equipment such as oxygen and suction. Ambulate patients to other areas to include Radiology, various clinics, and physical therapy.
9. Prepare patients for tests, examinations, treatments, and/or surgery. Collect specimens such as urine, sputum and stool. Label specimens for laboratory examinations and follow up by using CHCS or calling the laboratory for reports. Alert provider to conditions which deviate from expected findings.
10. Prepare, start, monitor and discontinue intravenous fluids with accuracy and in accordance with established procedures.
11. Observe, report and document all observed symptoms, reactions, treatments and changes in the patient condition to the Registered Nurse, physician extender or physician. Make careful observations to assess that nursing procedures and treatment do not cause additional distress.
12. Perform routine nursing care activities such as taking blood pressures, temperatures, baths and hygiene

care, passing and removal of trays, changing of linen, and otherwise assist in the care of the physical needs of the patient.

13. Operate basic equipment required in delivery of patient care such as pumps, IV pumps, oxygen administration apparatus and incentive spirometers.
14. Execute physician's orders within the guidelines of standard nursing practice. Ensure accurate medication is administered in correct form and dosage to the proper patient as directed by the physician.
15. Maintain records of nursing care, dose and time of medication administered, and indicate if the medication was not administered and the reason.
16. Administer immunizations in a safe and accurate manner with strict adherence to all NAVHOSP, NAVMED and CDC Immunization policies.
17. Recognize conditions which require isolation. Ensure universal precautions are used in all patient encounters.
18. Recognize emergency situations and assist with, or institute emergency measures for sudden adverse developments in patients such as cardiac arrests.
19. Perform preoperative procedures for minor surgery, and fill out pre-op checklist.
20. Assist patients in admission, transfer, and perform discharge planning follow-up and documentation.
21. Support the patient and/or family members toward the achievement of treatment plan goals. Provide instructions to the patient on invasive procedures, surgical procedures and post surgical conditions which were previously provided to the patient by a nurse, physician extender or physician.
22. Instruct patients on how equipment is used such as oxygen, suction, cardiac monitor and pulse oximeter. Instruct patients and family on use of prescribed medications, contraindications of medications, and the necessity of proper follow-up care.
23. Provide emotional support to patients and families.
24. Ensure necessary supplies are available and equipment is in functioning order.
25. Provide an orderly, clean and safe environment for patients and staff.
26. Handle telephone information requests with courtesy, accuracy and respect for patient confidentiality. Receive information and distribute messages as necessary.
27. Ensure maintenance and adequate supply of pharmaceuticals in the clinic.
28. Ensure upkeep and perform checks of emergency equipment i.e., oxygen, emergency cart, suction apparatus, etc. and maintain appropriate logs. Inform the Charge Nurse of and discrepancy on daily checks.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Be a graduate of an accredited Licensed Practical Nurse or Licensed Vocational Nurse Program.
2. Possess a current, unrestricted license to practice as an LVN/LPN in any 1 of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

3. Possess current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. (Attachment I, Item VI)
4. Possess experience of at least 2 years within the last 4 years as an LPN in the family practice/primary care fields.
5. Provide three letters of recommendation from practicing physicians or nurse supervisors attesting to your clinical and professional skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 5 years.(Attachment I, Item VIII)
6. Be eligible for U.S. employment. (Attachment I, Item VII)
7. Represent an acceptable malpractice risk to the Navy.
8. Submit a fair and reasonable price that has been accepted by the Government.

E. **FACTORS TO BE USED IN A CONTRACT AWARD DECISION.** If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following criteria, listed in descending order of importance.

1. Quality and quantity of experience as it relates to the duties contained herein.
2. The letters of recommendation may enhance your ranking if they address such items as clinical and professional skills, competencies, patient rapport, training abilities, etc.
3. Prior medical experience in a DoD facility.
4. Possess experience in a DoD medical setting (i.e., experience with TRICARE, CHCS, and similar DoD specific systems). Demonstrate familiarity of military and military dependant healthcare issues, i.e. deployment or separation.

F. **INSTRUCTIONS FOR COMPLETING THE APPLICATION.** To be qualified for this contract position, you must submit the following:

1. _____ A completed "Personal Qualifications Statement – Licensed Practical Nurse " (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (Attachment 3).
4. _____ Two letters of recommendation per paragraph D.5., above.
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

*Please answer every question on the " Personal Qualifications Statement – Licensed Practical Nurse ". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

Credentialing Requirements. Upon award, the healthcare workers shall complete an Individual Professional File (IPF) prior to performance of services. The IPF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of healthcare services. BUMED Instruction 6320.66C, Appendix S (or current version) details the IPF requirements.

A copy of this instruction may be obtained via the internet at <http://www.nmlc.med.navy.mil/Code02/6320.66Centire.pdf>.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: All contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov>. This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 621399.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

Any questions must be directed to Ms. Michele Cameron who may be reached at mecameron@nmlc.med.navy.mil or by fax at (301) 619-6793.

We look forward to receiving your application.

ATTACHMENT I
PERSONAL QUALIFICATIONS SHEET – LICENSED PRACTICAL/VOCATIONAL NURSE

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Section D. of the solicitation. In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item VIII. of this Sheet.
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.
5. Practice Information:

| | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments) | ___ | ___ |
| 2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments) | ___ | ___ |
| 3. Has your license to practice or DEA certification ever been revoked or restricted in any state? | ___ | ___ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

Signature _____

Date _____

PERSONAL QUALIFICATIONS SHEET – LICENSED PRACTICAL/VOCATIONAL NURSE

I. General Information

Name: _____ SSN: _____

 Last First Middle

Address: _____

Phone: _____

Email Address: _____

II. Professional Education:

| | |
|----------------------|------------------------------|
| Professional School: | Date of Training |
| | (From) (To) |

1. Name of School: _____

2. Type and Date of Degree: _____

3. Address of School:

III. Professional Licensure (License must be current, valid, and unrestricted):

State _____ Date of Expiration _____ (mm/dd/yy)

IV. Professional Employment: List your current and preceding employers. Provide dates as month/year.

| <u>Name and address of present employer</u> | <u>From</u> | <u>To</u> | <u>Position held</u> |
|---|-------------|-----------|----------------------|
|---|-------------|-----------|----------------------|

(1) _____

Names and addresses of preceding employers

| | <u>From</u> | <u>To</u> | <u>Position held</u> |
|-----|-------------|-----------|----------------------|
| (2) | | | |
| | | | |
| | | | |

| | <u>From</u> | <u>To</u> | <u>Position held</u> |
|-----|-------------|-----------|----------------------|
| (3) | | | |
| | | | |
| | | | |

| | <u>From</u> | <u>To</u> | <u>Position held</u> |
|-----------|-------------|-----------|----------------------|
| (4) _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Are you currently employed on a Navy contract? _____
 If so where is your current contract and what is the position?

When does the contract expire? _____

V. Continuing Education:

| Title of Course | From | To | CE Hours |
|-----------------|------|----|----------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

VI. Certification, Degrees, or Licensure: This should include BLS, NRP, ACLS, etc.

Type of Certification, Degree or License and Date of Certification or Expiration: _____

VII. Employment Eligibility:

Yes No

Do you meet the requirements for U.S. Employment Eligibility contained in Section V? _____

VIII. Professional References

Provide letters of recommendation from three practicing physicians attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 5 years.

IX. Additional Information

Provide any additional information you feel may enhance your ranking such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

X. I hereby certify the above information to be true and accurate:

Signature _____

Date _____

ATTACHMENT 2

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 07 APR 2003 through 30 SEP 2003. Five option periods will be included which will extend services through 06 APR 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price should be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Licensed Practical/Vocational Nurses in the Corpus Christi area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you propose for the base period will be added to the proposed price for all option periods for the purpose of price evaluation.

| <u>Line Item</u> | <u>Description</u> | <u>Quantity</u> | <u>Unit</u> | <u>Unit Price</u> | <u>Total Amount</u> |
|------------------|---|-----------------|-------------|-------------------|---------------------|
| 0001 | The offeror agrees to perform, on behalf of the Government, the duties of one Licensed Practical Nurse for the Naval Hospital, Corpus Christi, TX in accordance with this application and the resulting contract. | | | | |
| 0001AA | Base Period; 07 APR 03 thru 30 SEP 03 | 1016 | Hour | _____ | _____ |
| 0001AB | Option Period I; 01 OCT 03 thru 30 SEP 04 | 2096 | Hour | _____ | _____ |
| 0001AC | Option Period II; 01 OCT 04 thru 30 SEP 05 | 2096 | Hour | _____ | _____ |
| 0001AD | Option Period III; 01 OCT 05 thru 30 SEP 06 | 2088 | Hour | _____ | _____ |
| 0001AE | Option Period IV; 01 OCT 06 thru 30 SEP 07 | 2080 | Hour | _____ | _____ |
| 0001AF | Option Period V; 01 OCT 07 thru 06 APR 08 | 1080 | Hour | _____ | _____ |

TOTAL FOR CONTRACT LINE ITEM 0001 \$ _____

Printed Name _____ DUNS # _____

Signature _____ Date _____

Email Address _____

LISTS OF ACCEPTABLE DOCUMENTS – ATTACHMENT 3

SUBMIT ONE FROM LIST A**LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**LIST B**

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above;

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**ATTACHMENT IV
CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.com>. If you do not have internet access, please contact the CCR Registration Assistance Centers at 1-888-227-2423.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please include it with your application or mail or fax **"THIS COMPLETED CONFIRMATION SHEET"** to:

Naval Medical Logistics Command
ATTN: Code 02 (Michele Cameron)
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Address: _____

Email Address: _____

Date CCR was submitted: _____

Assigned DUN & BRADSTREET #: _____

ATTACHMENT 5
SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals, as an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
() The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined in 13 CFR 124.1002.

Section B

[*Complete if offeror represented itself as disadvantaged in this provision.*] The offeror shall check the category in which its ownership falls:

- ___ Black American.
___ Hispanic American.
___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Quoter's Name: _____

Notice of Contracting Opportunity No.: JK-01-03